										Direct Contact	Re-certification	State Administrator/Eligibility Data Re-certification			
Last Name	First Name	Physical/ Service Address	Apt, Unit, or Lot #	City	State	Zip	Telephon e Number	Line provided to wireline reseller? [Y/N] (Form 555 Column B)	Subscriber contacted directly to re-certify eligibility? [Y/N] (Form 555 Column C)	Subscriber responded to direct contact to re-certify eligibility? [Y/N/NA] (Form 555 Column D)	Subscriber responded to direct contact that he/she is no longer eligible? [Y/N/NA] (Form 555 Column F)	Subscriber de- enrolled prior to direct contact to re-certify eligibility? [Y/N/NA] (Form 555 Column H)	Subscriber eligibility reviewed by state administrator or via access to eligibility data? [Y/N] (Form 555 Column I)	Subscriber found ineligible through review by state administrator or via access to eligibility data? [Y/N/NA] (Form 555 Column J)	Subscriber de- enrolled prior to state administrator re- certification attempt or eligibility data review? [Y/N/NA] (Form 555 Column L)
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